



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support
Bureau of Welfare Initiatives

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
FSET Administrative and Provider Agencies
Child Care Coordinators
W-2 Agencies**

**FROM: Stephen M. Dow
Work Programs Section
Policy Analysis and Program Implementation Unit**

**SUBJECT: EMPLOYMENT SKILLS ADVANCEMENT PROGRAM (ESAP) - 1999-2001
BIENNIAL BUDGET CHANGES**

CROSS REFERENCE: §49.185 Wisconsin Statutes
W-2 Manual, Chapter 17

EFFECTIVE DATE: Immediately

PURPOSE

This memo describes the changes in eligibility criteria for the Employment Skills Advancement Program (ESAP) and is intended to be referenced with Chapter 17 of the **W-2 Manual**.

BACKGROUND

1999 Wisconsin Act 9, the 1999-2001 Biennial Budget, amends language in §49.185(3)(d) and (i), Wis. Stats., regarding eligibility criteria for an Employment Skills Advancement Program (ESAP) grant.

ESAP is a source of financial aid intended to assist eligible low-income workers who have shown an attachment to the work force, and who want to pursue education and training opportunities. W-2 agencies are encouraged to provide ESAP grants to individuals who meet eligibility criteria, working creatively with applicants to meet the matching requirement of the program.

ELIGIBILITY REQUIREMENTS

ESAP eligibility requirements are detailed in Section 17.2.0 of the **W-2 Manual**. The eligibility requirements remain the same except for the following 2 changes:

1. An individual must be in unsubsidized employment for at least 6 consecutive months prior to applying for an ESAP grant. This requirement, intended to ensure that the applicant is stabilized in the workforce prior to taking on additional responsibilities, is reduced from a nine-month attachment. Trial Job, CSJ and W-2 T participants are not eligible to receive ESAP grants.
2. The individual must contribute, **or** obtain from other sources, an amount at least equal to the amount of the grant. Rather than requiring 2 matches, the participant must provide 1 match from themselves

BWSP OPERATIONS MEMO

No.: 99-95

File: 2442

Date: 12/20/99

Non W-2 [] W-2 [X] CC []

PRIORITY: High

or from another source, such as student grants or loans, scholarships, or employer contributions (see Section 17.4.0 of the **W-2 Manual**).

The FEP must manually determine whether the applicant meets the ESAP eligibility requirements detailed in Section 17.2.0 of the **W-2 Manual**. The eligibility process is not automated due to the unique combination of program eligibility requirements, and because applicants for ESAP may no longer have an active case in CARES. ESAP participation does not affect the 60-month W-2 time limit.

PROGRAM FUNDING

ESAP applicants may not receive more than a total of \$500 under the program for training or educational programs approved by the W-2 agency as part of a career plan leading to increased income. Applicants may only access this amount for 60 months from the date of initial application (not the date of initial disbursement). The entire \$500 need not be accessed all at once; however, a new application is required for subsequent requests. Funding limitations are detailed in Section 17.3.0 of the **W-2 Manual**.

Grant funds provided under this program can be used for (but are not limited to) direct costs of education and training detailed in Section 17.4.0 of the **W-2 Manual**. Examples include tuition (including costs associated with obtaining a GED/HSED), books, lab fees, required equipment, classroom supplies, etc. Funds may also be used to alleviate special needs barriers (e.g., literacy or ESL tutoring, or remedial education).

APPLICATION FORM AND PROCEDURES

A copy of the updated ESAP Application (DES Form 10762) is attached. The applicant completes the Grant Applicant Information section:

1. One ESAP grant may be used for more than one purpose.
2. The applicant checks off a box for each purpose and lists the specific dollar amount for that item.
3. The applicant fills in the date needed to alert the FEP as to how quickly an application may need to be processed.
4. The applicant lists the source for the match.

The Comments section should be used to describe reasons for denial. The case number and PIN of the applicant should also be included. This form must be completed for each ESAP application, and the original maintained (for both approved and denied loans) with the ESAP applicant's file for three years.

TRACKING REQUIREMENTS

ESAP is a grant program for those in unsubsidized employment, not in W-2 employment positions. Tracking ESAP is complicated by the fact that many applicants may no longer have an active case in the CARES system. Therefore, ESAP is not tracked in CARES and DES must manually track ESAP grants. Agencies **must** submit a complete copy of the application form for all requests to the Division of Economic Support at the address listed at the bottom of the ESAP application form (DES-10762).

CONTACTS

Regional Offices
Area Administrator

Central Office

DES CARES & Policy Call Center

Email:

Phone:

Fax:

carpolcc@dwd.state.wi.us

608-261-6317 (Option #1)

608-261-6968

Note: Email contacts are preferred. Thank you.

EMPLOYMENT SKILLS ADVANCEMENT PROGRAM (ESAP)



The Employment Skills Advancement Program (ESAP) is a source of financial aid designed to assist qualified individuals who desire to pursue education and training opportunities. ESAP was developed to provide limited grants for low-income workers motivated to improve the quality of their lives through educational or training activities.

ESAP is a matching grant program that requires applicants to contribute toward the costs of their chosen course of study.

Purpose

Wisconsin is committed to lifelong learning and the development of a quality workforce as well as the reduction of poverty by improving skills, abilities, knowledge and general employability of individuals in the workforce.

The Employment Skills Advancement Program (ESAP) is a source of financial aid designed to assist qualified individuals who wish to pursue education and training opportunities.

Eligibility

A participant may be eligible for an ESAP grant if s/he meets all of the following eligibility requirements:

- 18 years or older,
- Custodial parent of a minor child,
- Received AFDC or W-2 cash payments within the past five years,
- Employed full-time, and have been employed for the past six months,
- Meet income and asset guidelines, and
- Can obtain a matching grant.

The training or educational program must be approved by the W-2 agency as part of a career training or education plan that will lead to increased income.

Grant Amounts and Uses

ESAP can help improve job skills by providing up to a total of \$500 for tuition, books, equipment, supplies, transportation, or other costs of education or training. It can also help with the cost of tutoring, English as a Second Language (ESL), or basic education courses. The amount of the grant plus the amount of any grant that the applicant has previously received under this section may not exceed \$500. The entire \$500 amount for which each applicant would be eligible need not be accessed all at once. However, funding under this program may only be accessed for the 60-month time period after the initial application is made. Applicants wishing to access additional funding when the entire \$500 is not requested in the initial application must provide the W-2 agency with suitable documentation showing good academic standing as defined by the school. For more information, or to apply for ESAP, contact the local Wisconsin Works (W-2) agency.





STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support

Application Form for the

Employment Skills Advancement Program

ESAP

ESAP can help improve your job skills by providing up to \$500 for tuition, books, equipment, supplies, transportation, or other costs of education or training. It can also help with the cost of tutoring, English as a Second Language (ESL), or basic education courses.

You may be eligible if you:

- are 18 years or older, and
- are the custodial parent of a minor child, and
- have received AFDC or W-2 cash payments within the past five years, and
- are employed full-time, and have been employed for the past six months, and
- are within income and asset guidelines, and
- can obtain a matching grant.

For more information, or to apply for ESAP,
contact your local Wisconsin Works (W-2) Agency:

**IF YOU ARE INTERESTED IN FURTHERING YOUR EMPLOYMENT SKILLS
ESAP MAY BE THE PROGRAM YOU'RE LOOKING FOR!**

The Division of Economic Support is an equal opportunity service provider. If you need help to access services or materials in an alternate format, please contact your local service provider or the DES Equal Opportunity Office at (608) 267-0927 (Voice and TDD).

EMPLOYMENT SKILLS ADVANCEMENT PROGRAM (ESAP)

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

GRANT APPLICANT INFORMATION					
Name			Social Security Number		
Maiden or Other Name Used			Date of Birth	Marital Status	
Address		City	State	Zip Code	
Mailing Address (if different)			Home Telephone Number ()		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Disability (if applicable)				
Check the ethnic group of the person applying. You do not have to answer this question, but it will help determine compliance with the Federal Civil Rights Act of 1964. Your answer will not affect your application.					
Black	Hispanic	White	American Indian or Alaskan Native	Asian or Pacific	
Are you currently working?		Yes	No	Start Date	
Current Job Title			Employer Name		
Address		City	State	Zip Code	
APPLICATION PURPOSE(S) AND AMOUNT(S)					
School/Training Facility Name					
Postsecondary Program Name (if applicable)			Short-term Training Program Name (if applicable)		
<input type="checkbox"/> Tuition \$	<input type="checkbox"/> Textbooks \$	<input type="checkbox"/> Laboratory Fees \$	<input type="checkbox"/> Safety Equipment \$	<input type="checkbox"/> Supplies \$	<input type="checkbox"/> Transportation \$
<input type="checkbox"/> To address special needs barriers, e.g. tutoring, English as a Second Language, etc. \$					Date needed
I have tried to obtain help from the following financial aid sources: <input type="checkbox"/> Yes <input type="checkbox"/> No (please list below)					
Tuition Assistance programs contacted (e.g., Higher Educational Aids Board (HEAB) administered)			Lending institutions		
Source of match (please list)					

Education and training

Highest level of schooling completed:

Grade School	GED/HSED	High School Diploma
Technical College	University/College	

Please put an **X** in the box that correctly answers the question.

Are you age 18 or older?	Yes	No
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Are you the parent of a child(ren) under the age of 18?	Yes	No
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Do/Does your child(ren) live with you?	Yes	No
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Do you have legal custody of any child(ren) who live with you?	Yes	No
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Have you been employed in an unsubsidized job for at least six consecutive months prior to applying for this grant?	Yes	No
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Are you working an average of at least 40 hours per week, unless employer and W-2 agency have agreed to a lesser number of hours?	Yes	No
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I, the ESAP grant applicant, swear under penalty of law, that the information stated on this application is correct and that:

- This grant is to be used toward the costs of education or skills training at the school named.
- If I provide false information to obtain an ESAP grant, I will have to repay the entire grant and may be prosecuted under applicable laws.
- If denied the grant because my application does not meet the ESAP grant eligibility criteria or due to lack of program funding, I understand that I may request a Fact Finding Review by writing to my worker or the W-2 agency.

Grant applicant's signature	Approved by (Agency representative signature)	Date Signed
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Witness' signature	Agency Name	Agency ID#
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For W-2 Agency Use.

Applicant determined eligible for AFDC or W-2 Employment Position within past five years?	Yes	No
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Grant Amount \$ _____	RFA#
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Approved	Denied
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COMMENTS: (At minimum, list reason(s) for denial.)

WISCONSIN WORKS (W-2) EMPLOYMENT SKILLS ADVANCEMENT PROGRAM (ESAP) WORKSHEET

Case Name	Case number
W-2 Agency	Date
Worker	Date Signed

Income Month/Year➔						
1	Group Size					
2	Vehicle Assets					
3	+ Other Assets					
4	= Total Assets (2 plus 3)					
5	Asset Limit					
6	Pass (P) or Fail (F) Asset Test	P F	P F	P F	P F	P F
7	Earned Income					
8	+ Unearned Income					
9	= Total Gross Income					
10	Gross Income Limit (165% FPL)					
11	Pass (P) or Fail (F) Gross Income Test	P F	P F	P F	P F	P F

(Note: Income & Asset Guidelines may be found in the W-2 Policy Manual, Chapter 17)

For required tracking purposes, a copy of the completed application form must be sent to:

**ESAP Program Administrator
Bureau of Work Support Programs
P. O. Box 7935
201 E. Washington Avenue
Madison, WI 53707-7935**